

IN THE PROBATE COURT OF SHELBY COUNTY, TENNESSEE

**IN RE CONSERVATORSHIP/
GUARDIANSHIP OF**

_____, Respondent/Ward No. _____

_____, Fiduciary

INVENTORY & PROPOSED PROPERTY MANAGEMENT PLAN

TO THE HONORABLE JUDGES OF THE PROBATE COURT OF SHELBY COUNTY:

_____, Fiduciary for the Estate of _____ submits
this Inventory and Proposed Property Management Plan for Court approval:

I. General Information.

A. Date: _____

B. Respondent/Ward

1. **Name:** _____
2. **Address:** _____
3. **Date of Birth, Age:** _____

C. Fiduciary

1. **Name:** _____
2. **Address:** _____
3. **Telephone number:** _____
4. **Date of Birth, Age:** _____
5. **Relationship:** _____

D. Bond

1. **Company name:** _____
2. **Company address:** _____
3. **Agent:** _____
4. **Telephone number:** _____
5. **Amount of bond:** _____

II. Detailed Inventory. (Under this section, the Fiduciary should list the following for each asset as applicable: Real Estate—The address/location of all Real Estate; the appraised value or the Assessor's appraised value of each parcel, the Respondent's interest in the

property; Stocks and Bond—The types of investments, the last four digits of each account, the investment broker's name and address, the fair market value of and the net income for each account; Cash and Notes—The name and address of the financial institution(s); the last four digits of each account, the amount, anticipated income, and the name on the account; Life Insurance Policies—The type of policy, the face value of each policy, the named beneficiary; the cash value; Jointly Owned Property—The type of property, the name and address of all joint owners, the percentage owned by the Respondent; and Miscellaneous—The name and address of the institutions the last four digits of each account, the fair market value of the account, net income; business addresses, the valuation of each business, the Respondent's/Ward's interest in the business.)

- A. Real Estate**
- B. Stocks and Bonds**
- C. Bank Accounts, Cash, and Notes**
- D. Life Insurance Policies**
- E. Jointly Owned Property**
- F. Miscellaneous Property**
 - 1. Retirement Accounts**
 - 2. Partnerships**
 - 3. Annuities**
 - 4. Social Security**
 - 5. Tangible Property**
- G. Monthly Income**
- H. Total Value of Assets**

III. Proposed Property Management Plan. (Under this section, the Fiduciary should detail the management plan for each type asset listed under Item II. The plan should cover foreseeable issues that will be filed in future petitions relative to each asset; thus, the plan for some assets may be short-term, while others may be longer-term. Under the appropriate section, you should also include the any plans to make application for governmental or employment benefits.)

- A. Real Estate**
- B. Stocks and Bonds**
- C. Bank Accounts, Cash, and Notes**
- D. Life Insurance Policies**
- E. Jointly Owned Property**
- F. Miscellaneous Property**
 - 1. Retirement Accounts**
 - 2. Partnerships**
 - 3. Annuities**
 - 4. Social Security**
 - 5. Tangible Property**

IV. Proposed Expenses.

Monthly/Annual Expenses. This section is for the Court's use to identify valid monthly expenses. Under this section, the Fiduciary should list each monthly expense and its relative amount. Copies of existing monthly invoices should be attached. Categories may be expanded as needed, just as, inapplicable categories may be deleted. Entries must remain in this order, however. At the end of each section, the Fiduciary is asked to provide an estimated annual total. Thus, the total annual expense for each category below will serve as the 'Annual Total Not To Exceed' amount for that category for accounting purposes. (Slight fluctuation will be allowable under many of the categories due to inflation, fees, etc.)

Expense	Payee	Amount
Admin. Expenses (court cost, bond, atty. fees, etc.)		
Bond		
Fee for Conservator (est.)		
Fee for tax preparer (est.)		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Bank Charges		
Fee		
Other charge		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Medical-ordinary & necessary		
Medical		
Optometry		
Dental		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Support & Maintenance		
Housing (mortgage, rent, nursing home, etc.)		
Utilities		
Telephone		
Cellular Phone		

Cable/Satellite		
Internet		
Food		
Clothing		
Personal care expenses		
Home health services		
Housing supplies		
Home maintenance/repair		
Automobile note		
Automobile maintenance		
Transportation (if no auto)		
Credit Card Payments		
Counseling/Tutoring		
Tuition		
School supplies		
Clubs		
Recreation/Entertainment		
Emergency fund		
Other		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Personal Expenses		
Personal Allowance		
Birthday		
Vacation		
Christmas		
Church offering		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Insurance		
Medical		
Property		
Auto		
Life		
Burial		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____

Taxes		
Federal income tax		
Property tax—County		
Property tax—City		
TOTAL MONTHLY EXPENSE		\$ _____
TOTAL ANNUAL EXPENSE		\$ _____
Other Expenses		
TOTAL MONTHLY EXPENSES		\$ _____
TOTAL ANNUAL EXPENSES		\$ _____
GRAND TOTAL ANNUAL EXPENSES		\$ _____

- V. **Trusts.** (Under this section, the Fiduciary should name and describe all Trusts under which the Respondent/Ward is a beneficiary. The description should include the name of the Trustee, the Trust property, as well as the type of and purpose for the Trust.)
- VI. **Lawsuits.** (Under this section, the Fiduciary should detail each lawsuit involving the Respondent/Ward to the degree possible. Included in the detail should be the case style, court, file number, the cause(s) of action, anticipated income or possible exposure, and the anticipated date of resolution.)
- VII. **Other Liabilities.** (Under this section, the Fiduciary should detail any present legal obligations of the Respondent/Ward that would not be considered care, maintenance, support, or a benefit to the Respondent/Ward.)
- VIII. **Spend-down Plan.** (The Fiduciary should detail the asset spend-down plan to qualify the Respondent for Medicaid.)
- IX. **Personal Management Plan For the Respondent/Ward.** (This section should include a statement concerning the Respondent's/Ward's general well-being and health status. Also important should be a brief description of the day-to-day activities in which the Respondent/Ward participates and the responsibilities of the Fiduciary or the support personnel in providing the Respondent's/Ward's needs, as well as a description of a long-term personal care plan for the Respondent/Ward. If day-to-day activities are provided by support personnel, then this section should also detail the Fiduciary's contacts with the ward. Also include extra-ordinary issues the court should be made aware of, particularly,

when it concerns the Respondent's assets, e.g., the Respondent supports his adult children. Any other related information would be helpful, also.)

X. Pre-need Funeral & Burial Plan. (Under this section, the Fiduciary should indicate whether the Respondent already has a funeral and burial plan in place or whether a pre-need plan will be purchased and the estimated cost.)

XI. Oath.

- A. I acknowledge that all funds shall be continually invested in accounts or certificates of deposits fully insured by an agency of the federal government in a financial institution maintaining offices located in Shelby County, Tennessee.
- B. I acknowledge and understand that once set by the Court, I have no authority to alter the property management or change the nature of investments without prior Court approval.
- C. I acknowledge that I have no authority to encumber or sell the Respondent's/Ward's Real Estate without prior Court approval.
- D. I make oath that the facts and information set forth in the foregoing Inventory and Proposed Property Management Plan are true and correct to the best of the Fiduciary's information and belief.

Respectfully Submitted,

Fiduciary

STATE OF _____

COUNTY OF _____

Personally appeared before me, a notary public, for the above county and state the undersigned, _____, who, subscribed and swore to the foregoing before me on this ____ day of _____, 20____.

(Seal)

Clerk of the Court or Notary Public

My Commission Expires

Attorney Name and BPR# _____

Address & Phone Number

CERTIFICATE OF SERVICE

I hereby certify that I have this _____ day of _____ 20____, caused to be sent *via* first class U.S. Mail a true and correct copy of the foregoing Inventory & Proposed Property Management Plan to the following persons:

Attorney